

Sri Lanka College of Journalism

Please mention below the training workshop you are applying for.
 Please use a separate application form for each training workshop.

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PERSONAL HISTORY

Family name _____ First name _____
 Other names _____ E-mail _____
 Home address _____ Home telephone _____
 _____ Mobile Phone _____

 Name and full address of employer _____ Telephone _____
 _____ Telefax _____
 _____ Nationality _____
 _____ Sex _____
 Mother tongue _____
 Date of birth Day _____ Month _____ Year _____

EDUCATION

Name of institution and place of study from-to	Years of study	Major fields of study	Degree

Previous participation in mid-career courses/seminars

Country	Programme	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

EMPLOYMENT RECORD

Title of your post _____
 Organisation/employer _____
 Name and title of supervisor (if any) _____
 Years of service at your present post _____ from _____ to _____
 Years of service as a journalist in all _____ from _____ to _____

